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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 328
Registered No. 328

PLACE OF BIRTH

County Gila State Arizona
District or Township Live Oak or Village _____
City Miami No. K-14 Live Oak Cyn St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Antonio Aguilera (If child is not yet named, make supplemental report, as directed.)

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth July 13 1929
Month Day Year

FATHER		MOTHER	
Full name <u>Feliciano Aguilera</u>		Full maiden name <u>Genevra Marquez</u>	
Residence (Usual place of abode) <u>Miami, Arizona</u>		Residence (Usual place of abode) <u>Miami, Arizona</u>	
If non-resident, give place and state.		If non-resident, give place and state.	
8. Color or race <u>Mexican</u>	11. Age at last birthday <u>42</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>33</u> (Years)
2. Birthplace (city or place) _____ (State or country) <u>Mexico</u>		18. Birthplace (city or place) _____ (State or country) <u>Mexico</u>	
3. Occupation <u>Miner</u> Nature of Industry <u>Copper</u>		19. Occupation <u>Housewife</u> Nature of Industry _____	
20. Number of children of this mother <u>7</u> Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living <u>4</u>			
(b) Born alive but now dead <u>3</u>			
(c) Stillborn <u>0</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 8:10 a.m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

(Physician or midwife).

Given name added from supplemental report. _____
Month, day, year

Address Miami, ArizonaFiled July 20 29 19 29 Registrar _____

Registrar